CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	ulde explains how to complete		er 1D (Ethics Commission Filers)	2 Total pages filed: 22
3 CANDIDATE/	MS / MRS / MR F	IRST	МІ	OFFICE USE ONLY
OFFICEHOLDER NAME	Ms.	my	L.	Date Reprived OF 11 /FB
	NICKNAME L	AST	SUFFIX	Date ReRECEIVE D
	Mitch	ell		010 1 0 2016
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX: APT / SUI	TE #; CITY;	STATE; ZIP CODE	JUL 1 6 2018
MAILING				Office of City Secretary
ADDRESS				City of Sugar Land, TX
Change of Address	ADEA CODE	HADER	EXTENSION	@4:3/ r.m. JII
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE N	IOMBER	EXTENSION	Date Hand-delivered or Date Postmarked
PHONE	FIR:	ST		67/16/18 e-mailed
6 CAMPAIGN TREASURER	Ms/MRS/MR Sh	irley .	MI	Receipt # Amount \$
NAME	LAS		SUFFIX	Date Processed
	Br	rown		Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX P	LEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
TREASURER ADDRESS				
(Residence or Business)				
8 CAMPAIGN	AREA CODE PHONE N	NIMRER	EXTENSION	
TREASURER	77121			
PHONE				
9 REPORT TYPE		20th day before election	Runoff	15th day after campaign
	January 15	30th day before election	L	treasurer appointment (Officeholder Only)
	July 15	8th day before election	Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day	Year (0.01.0	Month	Day Year
OOVERLED	01 / 15 /	′2018 _{тні}	ROUGH 06 /	30 / 2018
11 ELECTION	ELECTION DATE	Primary	ELECTION TYPE Runoff Other	
	Month Day Year	General	Description	
		Ceneral	Special	· · · · · · · · · · · · · · · · · · ·
12 OFFICE	OFFICE HELD (if any)	0	13 OFFICE SOUGHT (If known)
	Council Member, Dis	trict 3		
,	City of Sugar Land			
		GO TO PAG	E 2	
		uo io i Adi	·	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	Filer ID (Ethics Commission Filers)		
Amy L. Mitc	hell	19	THE TO (CHINGS COMMISSION FIRST)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,500.00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS. \$ 00.00				
	4. TOTAL	POLITICAL EXPENDITURES	\$ 4,620.00		
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D ORTING PERIOD	\$ 10,000.00		
OUTSTANDING LOAN TOTALS	LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	s 00.00		
18 AFFIDAVIT	INO W.				
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under little 15, Election Code. Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP/SEALABOVE					
Sworn to and subscr		by the said Amy L. Mitchell o certify which, witness my hand and seal of office.	, this the <u>16th</u>		
	\/\	1			
Duna che	woxittat	Diana Trevino Villaloboz	Notary Public		
Signature of officer ad	oministelling oath	(Pfinted name of officer administering oath	Title of officer administering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Con			on Filers)
	Amy L. Mitchell			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2	,500.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	00.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	00.00
4.	SCHEDULE E: LOANS		\$	00.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	RIBUTIONS	\$ 4	,620.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	00.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	00.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	00.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$	00.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	00.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	00.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	TONS	\$	2.60
				

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 1 page 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Amy L. Mitchell 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:__ 02/01/2018 Rick Miller \$2,500.00 City; State; Zip Code 6 Contributor address; 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Texas House Member Representative, District 26 USA; State of Texas Full name of contributor Date ut-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:____ Amount of contribution (\$) ddress; City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:__ City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.			Total pages Schedule A2: 1 page
2 FILER NAMI Amy L. I			3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 00.00
5 Date	6 Full name of contributor		8 Amount of . 9 In-kind contribution Contribution \$ description
	7 Contributor address; City; State; Zip Cod		Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	(FOR NON-JUDICIAL)(See instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor		Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State; Zip Co		
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
			1970 TO 1970 T
lf.	ATTACH ADDITIONAL COPIES OF T contributor is out-of-state PAC, please see instruction		

SCHEDULE B PLEDGED CONTRIBUTIONS 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 1 page 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Amy L. Mitchell 4 TOTAL OF UNITEMIZED PLEDGES \$00.00 Amount . 9 In-kind contribution 5 Date 6 Full name of pledgor ut-of-state PAC (ID#:_ of Pledge \$ description City; State; Zip Code 7 Pledgor address; Check if travel outside of Texas. Complete Schedule T. 11 Employer (See Instructions) 10 Principal occupation / Job title (See Instructions) Date In-kind contribution Full name of pledgor out-of-state PAC (ID#:_ of Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of In-kind contribution Full name of pledgor out-of-state PAC (ID#:_ Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of In-kind contribution Full name of pledgor out-of-state PAC (ID#:___ Date Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 1 page 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Amy L. Mitchell \$ 00.00 4 TOTAL OF UNITEMIZED LOANS 5 Date of loan 7 Name of lender 9 Loan Amount (\$) out-of-state PAC (ID#:_ 6 Is lender 10 Interest rate 8 Lender address; City; State: Zip Code a financial Institution? 11 Maturity date N 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 17 Name of guarantor 19 Amount Guaranteed (\$) 16 GUARANTOR INFORMATION 18 Guarantor address; City; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan Name of lender Out-of-state PAC (ID#:_ Interest rate City; State; Zip Code is lender Lender address: a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none **GUARANTOR** Amount Guaranteed (\$) Name of guarantor INFORMATION Guarantor address; City; State; Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Poling Expense Printing Expense Salaries/Wages/Contract Labor

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1;	1	3 Filer ID (Ethics Commission Filers)
6 Pages (1 of 6)	Amy L. Mitchell	
4 Date	5 Payee name	
01/18/2018	Greater Katy Area Republicans	
6 Amount (\$)	7 Pavee address: City: State: Zip Code	·
\$30.00		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	Food/Payange Fyrones	Check if travel outside of Taxas, Complete Schedule T.
OF	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
EXPENDITURE		Meal Purchasse
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
01/19/2018	Needville Education Foundation	
· -,, ·	1,000,1110,200,000	
Amount (\$)	Payee address; City; State; Zip Code	
\$700.00		

	Category (See Categories listed at the top of this schedule)	Description
		Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF	Event Expense	Check if Austin, TX, officeholder living expense
EXPENDITURE		Englishmen Line Assetion Bonds murchage
		Fundraiser; Live Auction - Bench purchase
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OI	н	

Date	Payee name	
01/19/2018	Needville Education Foundation	
Amount (\$)	Payee address; City; State; Zip Code	
\$50.00		
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	Event Expense	Check if travel outside of Texas, Complete Schedule T.
OF	Event Expense	Check if Austin, TX, officeholder living expense
EXPENDITURE		Fundaminar Tighet murchase
		Fundraiser - Ticket purchase
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OI	н	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIII E AS NEEDED
	AT IACH ADDITIONAL COPIES OF THIS	2011EDOLEAG HEEDED

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 6 Pages (2 of 6) Amy L. Mitchell 5 Payee name 4 Date 01/21/2018 Needville Youth Fair 6 Amount (\$) 7 Payee address; City; State; Zip Code \$250.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas, Complete Schedule T. **PURPOSE Event Expense** Check if Austin, TX, officeholder living expense EXPENDITURE Fundraiser Live Auction - Texas Flag Office held 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Pavee name 01/22/2018 Fort Bend Republican Women City; State; Zip Code Amount (\$) Payee address; \$15.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Meal purchase Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 02/10/2018 Behind the Badge Amount (\$) Payee address; City; State; Zip Code \$70.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T, PURPOSE Event Expense OF Check if Austin, TX, officeholder living expense EXPENDITURE Fundraiser - Ticket purchase Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Relimbursement Office Overthead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1: 6 Pages (3 of 6)	· · · · · · · · · · · · · · · · · · ·		3 Filer ID (Ethics Commission Filers)			
4 Date 03/06/2018	5 Payee name Vincent Morales Campaign					
6 Amount (\$) \$250.00	7 Payee address; City; State; Zi	p Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the Event Expenses	Check if Aust	outside of Texas. Complete Schedule T. itin, TX, officeholder living expense - Sponsorship			
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held			
Date 03/24/2018	Payee name Fort Bend County Women's Cen	ter				
Amount (\$) \$175.00	Payee address; City; State; Zi	p Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this se Event Expense	Checkitravelo	pubside af Yexas. Complete Schedule T. in, TX, officeholder living expense - Ticket purchase			
Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name H	Office sought	Office held			
Date 03/25/2018	Payee name Amanda Riddle Benefit					
Amount (\$) \$20.00	Payee address; City; State; Zi	ip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch Event Expense	Check if Ausi	outside of Texas. Complete Schedule T. tin, TX, officeholder living expense - Meal purchase			
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office held			
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Int Expense Loan Repayment/Reimbursement Office Operhead/Rental Expense

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candiate/Office-holder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (extense extense post listed above)

Cardicard Payment The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)		
6 Pages (4 of 6)	Amy L. Mitchell	,		
4 Date	5 Payee name			
03/25/2018	Amanda Riddle Benefit			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$2,100.00				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Event Expense	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE		Check if Austin, TX, officeholder living expense		
		Fundraiser; Live Auction - Rocking Chairs		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		
Date	Payee name			
04/05/2018	The Gold Club at Cinco Ranch			
Amount (\$)	Payee address; City; State; Zip Code			
\$15.00				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE		Check if Austin, TX, officeholder living expense		
		Meal purchase		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
04/05/2018	Exchange Club of Sugar Land			
Amount (\$)	Payee address; City; State; Zip Code			
\$750.00				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel outside of Texas, Complete Schedule T,		
OF EXPENDITURE	Event Expenses	Check if Austin, TX, afficeholder living expense		
		Fundraiser Sponsorship		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/OI	H			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District

Other (enter a category not listed above) Legal Services Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Amy L. Mitchell 6 Pages (5 of 6) 4 Date 5 Payee name 04/23/2018 Fort Bend Republican Women 6 Amount (\$) City; State; Zip Code Payee address; \$15.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Meal purchase Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 05/05/2018 Child Advocates of Fort Bend Amount (\$) Payee address; City; State; Zip Code \$50.00 Category (See Categories listed at the top of this schedule) Description Donation Made by Candidate/Officeholder Check if travel outside of Texas. Complete Schedule T. PURPOSE Check If Austin, TX, officeholder living expense EXPENDITURE Donation Office held Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Pavee name Date 05/09/2018 Fort Bend Museum Amount (\$) Payee address; City; State; Zip Code \$35.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. **PURPOSE** Event Expense Check if Austin, TX, officeholder living expense EXPENDITURE Fundraiser; Silent Auction - necklace purchase Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gitt/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Poling Expense Printing Expense Salaries/Wages/Contract Labor

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	Committee Leg	pal Services	_	es/Contract Labor	Travel Out Of District Other (enter a category not listed above)	
	<u>т</u>	he instruction Guide explain	is how to com	iplete this form.	·	
1 Total pages Schedule F1: 6 Pages (6 of 6)	2 FILER NAME Amy L. M				3 Filer ID (Ethics Commission Filers	s)
4 Date	5 Payee name					
05/19/2018	·	slaus Catholic Churc		osary Catholic	Church)	
6 Amount (\$)	7 Payee addres	ss; City; State; Z	lip Code			
\$20.00						
8	(a) Category (Se	e Categories listed at the top of this	schadula) (b) Description		
		,		· - ·	utside of Texas. Complete Schedule T.	
PURPOSE OF	Food/Beverage	e Expense		·	in, TX, officeholder fiving expense	
EXPENDITURE			1		· ·	
				Fundraiser	- Meal purchase	
9 Complete ONLY if direct	Candidate	Officeholder name		Office sought	Office held	
expenditure to benefit C/OI	1					
Date	Payee name	1 0 1 1 0		G .1 11	Cl 1)	
05/19/2018	St. Wence	slaus Catholic Churc	h (Holy K	osary Catholic	Church)	
Amount (\$)	Payee addre	ss; City; State; Z	ip Code			
\$60.00						
	Category (Se	e Categories listed at the top of this	schedule)	Description		
PURPOSE	Event Expen	nse	1	Checkiftravelou	utside of Texas. Complete Schedule T.	
OF				Check If Austin	n, TX, officeholder living expense	
EXPENDITURE				Fundraiser	Silent Auction - cake purchas	
				runui aiser,	Shelit Auction - cake purchas)C
Complete ONLY if direct expenditure to benefit C/Oh		Officeholder name		Office sought	Office held	
				~		
Date	Payee name					
03/1/2018	The Golf	Club at Cinco Ranch				
	·					
Amount (\$)	Payee addres	ss; City; State; Z	ip Code			
\$15.00						
φ13.00						
	Category (Se	Categories listed at the top of this	schedule)	Description		
PURPOSE		-			utside of Texas, Complete Schedule T,	
OF	Event Exp	ense		$\overline{}$	n, TX, officeholder living expense	
EXPENDITURE						
				Meal purcha	ase	
Complete ONLY if direct	Candidate	/ Officeholder name		Office sought	Office held	····
expenditure to benefit C/OI						
	ATTAC	HADDITIONAL COPIES	OF THIS SC	HEDULEASNE	EDED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundralsing Expense

Accounting/Banking Consulting Expense Contributions/Donations Made B	Fees Food/Beverage Expense y Gift/Awards/Memorials Expense	Office Overhead/Rental Expense Polling Expense Printing Expense	Transportation Equipment & Related Expense Travel In District Travel Out Of District Charles out to see the see that a beauty	
Candidate/Officeholder/Politica		Salaries/Wages/Contract Labor ns how to complete this form.	Other (enter a category not listed above)	
Tatal areas Cabadula EO	2 FILER NAME	,0 non 10 complete and	3 Filer ID (Ethics Commission Filers)	
1 Total pages Schedule F2: 1 page	Amy L. Mitchell		STIRS IS (Ellies Sommission Fisco)	
	MIZED UNPAID INCURRED OBLI	GATIONS	\$ 00.00	
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address; City; State;	Zip Code		
9 TYPE OF EXPENDITURE	Political	Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the	Checki	ON If travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State;	Zip Code		
TYPE OF EXPENDITURE	Political	Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the	Check	ion if travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Th	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3: 1 page
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Amy L. Mit	tchell	
4 Date	5 Name of person from whom investment is purchased	
ŀ		
		1
j	6 Address of person from whom investment is purchased; Cit	y; State; Zip Code
ľ	7 Description of investment	
	8 Amount of investment (\$)	
Det-		
Date	Name of person from whom investment is purchased	
	• • • • • • • • • • • • • • • • • • • •	
	Address of person from whom investment is purchased; City	y; State; Zip Code
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	Amount of investment (\$)	
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	ATTACU ADDITIONAL CODIES OF THE CONTROL	: AS NEEDED
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NECUEU

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Cantribute/Officebolder/Political Committee

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

3 Filer ID (Ethics Commission Filers) \$ 00.00 Scription Check If Austin, TX, officeholder living expense				
scription Check if travel outside of Texas. Complete Schedule T.				
Check if travel outside of Texas, Complete Schedule T.				
Check if travel outside of Texas, Complete Schedule T.				
Check if travel outside of Texas, Complete Schedule T.				
Check if travel outside of Texas, Complete Schedule T.				
, 1				
Check if Austin, TX, officeholder living expense				
Office held				
Amount (\$) Payee address; City; State; Zip Code				
scription				
Check if travel outside of Texas, Complete Schedule T.				
Check If Austin, TX, officeholder living expense				
Office held				
······································				

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
CreditCard Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Charles a potency was listed above.

Credit Card Payment	The instruction Guide explains how t		ner (enter a category not listed above)
1 Total pages Schedule G:		3	Filer ID (Ethics Commission Filers)
1 page	Amy L. Mitchell		
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF		Check if travel outside of Te	xas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, offi	ceholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
	Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	}	Check if travel outside of Te	xas, Complete Schedule T.
EXPENDITURE		Check if Austin, TX, offi	ceholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Рауее пате		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions Intended			
BURBORE	Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF		Check if travel outside of Te	xas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, offi	ceholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Waces/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (onler a category not listed above)

Candidate/Officeholder/Politic Credit Card Payment	a) Committee Legal Services Salan The Instruction Guide explains how		a category not listed above)
1 Total pages Schedule H:	2 FILER NAME	3 Filer ID	(Ethics Commission Filers)
l page	Amy L. Mitchell		
4 Date	5 Business name		
6 Amount (\$)	7 Business address; City; State; Zip Cod	В	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check litraveloutside of Texas. Complet Check if Austin, TX, officeholder livi	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Business name	***************************************	
Amount (\$)	Business address; City; State; Zip Cod	е	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check liftraveloutside of Texas. Complete Check lif Austin, TX, officeholder livit	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name I	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Cod	е	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check liftraveloutside of Texas. Completed Check lift Austin, TX, officeholder livit	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEEDED	

SCHEDULE !

The instruction Guide explains how to complete this form.					
1 Total pages Schedule I:	2 FILER NAME Amy L. Mitchell	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
B PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See Instructions regarding type of information required.)			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See Instructions regarding type of information required.)			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See Instructions regarding type of information required.)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	lule K:			
2 FILER NAME Amy L. Mite	Commission Filers)			
4 Date	5 Name of person from whom amount is received Amegy Bank		8 Amount (\$) \$2.60	
	6 Address of person from whom amount is received; City; State; Interest	Zip Code		
	7 Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
:	Address of person from whom amount is received; City; State:	Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; State;	Zip Code		
	Purpose for which amount is received	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; States	Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.					1 page	
2 FILER NAME Amy L. Mitchell			3 Filer ID (Ethics Commis	sion Filers)		
4 Name of Contributor	Corporation	or Labor O	rganization / Pledgor /	Payee		
5 Contribution / Expend	iture reported	lon;			· · · · · · · · · · · · · · · · · · ·	
Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
6 Dates of travel	7 Name of person(s) traveling					
	8 Departure city or name of departure location					
	9 Destination city or name of destination location					
10 Means of transportat	10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)					
Name of Contributor	/ Corporation	or Labor O	rganization / Pledgor /	/ Payee		
Contribution / Expend	Contribution / Expenditure reported on:					
				Schedule F1		
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
Dates of travel	Dates of travel Name of person(s) traveling					
	Departure city or name of departure location					
	Destination city or name of destination location				100000000000000000000000000000000000000	
Means of transportation Purpose of travel (including name of conference, seminar, or other event)						
Name of Contributor	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
·						
Contribution / Expend	·					
Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	1	edule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
Dates of travel	Name of person(s) traveling					
	Departure city or name of departure location					
	Destination city or name of destination location					
Means of transportat	ion	Purpo	se of travel (including	name of conference, s	eminar, or other event)	······································
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						
WI INOU WARNINGWE COLIES OF TUIS SOUERAGMEETER						

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form Complete only if "Report Type" on page 1 is marked "Final Report"							
1	C/OH N	AME	2 Filer ID (Ethics Commission Filers)				
	Amy L	. Mitchell					
3	SIGNA	TURE					
	ing a rep	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.					
		Sign	ature of Candidate / Officeholder				
4		FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder					
	A.	CAMPAIGN FUNDS					
	Checl	conly one:					
		I do not have unexpended contributions or unexpended interest or income earne	d from political contributions.				
		I have unexpended contributions or unexpended interest or income earned from may not convert unexpended political contributions or unexpended interest or in personal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political contributions. Further, I understand that I must dispose of unexpended political income earned on political contributions in accordance with the requirements of E	ncome earned on political contributions to led contributions and that I may not retain ontributions longer than six years after filing al contributions and unexpended interest or				
	B.	ASSETS					
	Check	conly one:					
		I do not retain assets purchased with political contributions or interest or other in	come from political contributions.				
		I do retain assets purchased with political contributions or interest or other income that I may not convert assets purchased with political contributions or interest or personal use. I also understand that I must dispose of assets purchased with performents of Election Code, § 254.204.	other income from political contributions to				
			Signature of Candidate				
5		EHOLDER plete this section <i>only</i> if you are an officeholder					
		I am aware that I remain subject to filing requirements applicable to an officeholder will file. I am also aware that I will be required to file reports of unexpended contributions officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	s if, after filing the last required report as an				
			Signature of Officeholder				